County: Outagami e
MANORCARE HEALTH SERVI CES
1335 SOUTH ONEI DA STREET
APPLETON 54915 APPLETON 54915 Phone: (920) 731-6646
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 104
Total Licensed Bed Capacity (12/31/00): 104
Number of Residents on 12/31/00: 97 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 93

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	55. 7 38. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8. 2	More Than 4 Years	6. 2
Day Servi ces	No	Mental Illness (Org./Psy)	6. 2	65 - 74	13. 4		
Respite Care	No	Mental Illness (Other)	4. 1	75 - 84	29. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42. 3	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & 0ver	6. 2	Full-Time Equivalen	it
Congregate Meals	No	Cancer	4. 1			Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	14. 4		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 3	65 & 0ver	91. 8	[
Transportation	No	Cerebrovascul ar	15. 5			RNs	10. 3
Referral Service	No	Di abetes	1.0	Sex	%	LPNs	6. 2
Other Services	No	Respi ratory	4. 1			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	39. 2	Male	22. 7	Aides & Orderlies	67. 8
Mentally Ill	No			Female	77. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other l			Private Pay			Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	4. 3	\$111. 26	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 1%
Skilled Care	•		\$244. 15	$\tilde{39}$	84. 8	\$95. 16		100. 0	\$130.00	25		\$149.00	ĭ	100. 0		$\tilde{90}$	92. 8%
Intermediate				4	8. 7	\$79. 07	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	4	4. 1%
Limited Care				1	2. 2	\$68. 34	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	23	100.0		46	100. 0		2	100.0		25	100.0		1	100.0		97	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Independent Private Home/No Home Health 1. 1 Daily Living (ADL) One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 19. 6 46. 4 34. 0 97 Other Nursing Homes 0.7 **Dressing** 17. 5 45.4 37. 1 97 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 26.8 97 97. 1 36. 1 37. 1 25.8 26.8 97 0.0 Toilet Use 47.4 72. 2 97 0.0 Eating 72. 2 16. 5 11. 3 Other Locations ****** 1. 1 Total Number of Admissions 272 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4. 1 3. 1 Private Home/No Home Health 24.0 Occ/Freq. Incontinent of Bladder 16. 5 2. 1 Private Home/With Home Health 7.4 Occ/Freq. Incontinent of Bowel 1.0 7. 2 Other Nursing Homes 3. 0 2. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 46. 5 Mobility 3. 1 Physically Restrained 0.0 0.0 0.0 Other Locations 5. 2 Skin Care Other Resident Characteristics Deaths 14.0 With Pressure Sores 4. 1 Have Advance Directives 88.7 Total Number of Discharges With Rashes 0.0 Medications 271 Receiving Psychoactive Drugs (Including Deaths) 9. 3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		100- 199		Ski l l ed		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 4	82. 5	1.08	83. 6	1. 07	84. 1	1.06	84. 5	1.06
Current Residents from In-County	58. 8	83. 3	0. 71	86. 1	0. 68	83. 5	0. 70	77. 5	0. 76
Admissions from In-County, Still Residing	10. 3	19. 9	0. 52	22. 5	0.46	22. 9	0. 45	21. 5	0.48
Admi ssi ons/Average Daily Census	292. 5	170. 1	1. 72	144. 6	2. 02	134. 3	2. 18	124. 3	2. 35
Discharges/Average Daily Census	291. 4	170. 7	1. 71	146. 1	1. 99	135. 6	2. 15	126. 1	2.31
Discharges To Private Residence/Average Daily Census	91. 4	70.8	1. 29	56 . 1	1. 63	53. 6	1. 70	49. 9	1.83
Residents Receiving Skilled Care	94. 8	91. 2	1. 04	91. 5	1.04	90. 1	1. 05	83. 3	1. 14
Residents Aged 65 and Older	91. 8	93. 7	0. 98	92. 9	0. 99	92. 7	0. 99	87. 7	1.05
Title 19 (Médicaid) Funded Residents	47. 4	62. 6	0. 76	63. 9	0. 74	63. 5	0. 75	69. 0	0. 69
Private Pay Funded Residents	25. 8	24. 4	1.06	24. 5	1.05	27. 0	0. 95	22. 6	1. 14
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	10. 3	30. 6	0.34	36. 0	0. 29	37. 3	0. 28	33. 3	0.31
General Medical Service Residents	39. 2	19. 9	1. 97	21. 1	1.86	19. 2	2. 04	18. 4	2. 13
Impaired ADL (Mean)	46. 6	48. 6	0. 96	50. 5	0. 92	49. 7	0. 94	49. 4	0. 94
Psychological Problems	9. 3	47. 2	0. 20	49. 4	0. 19	50. 7	0. 18	50. 1	0. 19
Nursing Care Required (Mean)	2.8	6. 2	0. 46	6. 2	0. 46	6. 4	0. 44	7. 2	0.40